Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			()		}	a state of the same	I	RATE	FEE	OR 1	RATE	FEE
FOR			NUMBER	FILED	NUME	BER EXTRA		BASIC FEE			BASIC FEE	
TOTAL CHARGEABLE CLAIMS			#6 minus 20=		. 26		ļ	V# 0		1		
INDEPENDENT CLAIMS			12 minus 3 =		. 9			X\$ 9=		OR	X\$18=	466160
MULTIPLE DEPENDENT CLAIM PRESENT				iius 3 =		'		X40=		OR	X80=	720,00
MOLTIFLE DEFENDENT CLAIM PRESENT				•				+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL		OR	TOTAL	1,898,	
CLAIMS AS AMENDED - PART II								•	OTHER			
	2 CH4 20	(Column 1)		(Colur		(Column 3)	F	SMALL		OR •	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ц_	FIRST PRESE	ENTATION OF MI	JLTIPLE DEI	PENDENI	CLAIM		Ī	+135=		OR	+270=	
							L	TOTAL		ΔD	TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	A	ADDIT. FEE		1011	ADDIT. FEE	
AMENDMENT B	300 40 40 4	CLAIMS	-44	HIGHE	EST		Г		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	ľ	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		ŀ	+135=			+270=	
		٠					L	TOTAL		OR	TOTAL	
							Α	DDIT. FEE	_	OR	ADDIT. FEE	
		(Column 1) CLAIMS	<u> </u>	(Colur		(Column 3)	_					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus .	**		=	T	X\$ 9=		OR	X\$18=	1
	Independent	*	Minus	***		=	F	X40=			X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		F	7,40-		OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ** Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee = To
	Sm./Lg.				Sm. Entity	Lg. Entity
Basic Filing Fee	201/101				·	
Total Claims >20	203/103	46 -20 =	26	x	-	710.00 - 710.00 - 468.00
Independent Claims >3	202/102	12 -3=	1	x	1	= 720,00
Mult. Dep Claim Present	204/104	. —				
Surcharge	205/105					100
English Translation	139					<u> </u>
						
TOTAL FEE CALCULA	TION					2,028

Fees due upon filing the application:

Total Filing Fees Due =

Less Filing Fees Submitted

BALANCE DUE

=\$ 130,00